

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

1678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ent Name		11	Telephone Number	Date of In (mm/dd/y		
			No 3281	812-945-6685		19-	
Establishm 232	ent Addres	s (nui	St New Albury, IN 47150	812-945-6685	/ /-6	5-19 342	
Owner				Purpose:	Follow-u		
·				1. Routine	NO) 10 day	
Owner's Ac	ddress E {	+4	- St	2. Follow-up 3. Complaint		y of Violations:	
Person in C	Charge Robe	,+	Hampton	4. Pre-Operational	<u> </u>	NC_{1} R	
Responsible	e Person's	E-mai		5. Temporary 6. HACCP	Menu Ty	pe (See back of page)	
Certified F	ood Manag	ger		7. Other (list)	12	3 4 5	
	• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative	UMMARY OF VIOLATIONS" AN	D IN THE		
Section#	CANC	<u> </u>		- to that I co	dia	To Be Corrected By	
			-FCHD recieved a complant was caving in in the Ki	1 Lan	1/1)	•	
			was caving in in the Ki	Huert -			
431	NL		Observed 3 holes in ce	ciling in Kitche	<u> </u>	1 month	
			2 hunging light fixture	: Est had		7	
			Sign posted that the Kitchen is closed.				
and planned on Keeping it closed							
				ias repaired.		:	
			-Call when repairs are	made Kitche	1		
			is reopened	,			
					,		
						i i	
						:	
		<u> </u>					
*						-	
Received by (name and title printed): Received by (name and title printed): Thomas Swider, EHS							
Received by	y (signature):/	// *	Inspected by (signature):	A		
110	W	1 6	0-1/10	Journa -			
cc:	•		ce:		ce:		